

EXHIBIT E

Mason, Dawn

From: Mason, Dawn
Sent: Wednesday, September 4, 2019 2:48 PM
To: Napoli, Margaret
Subject: FW: Gelinis Student [REDACTED] converting Religious to Medical Exemption
Attachments: [REDACTED] Medical Exemption 8.29.19.pdf

A request for medical exemption

Dawn

From: Long, Anne Marie <along2@3villagecsd.k12.ny.us>
Sent: Tuesday, September 3, 2019 3:08 PM
To: Sussman, Howard <hsussman@3villagecsd.k12.ny.us>
Cc: Mason, Dawn <dmason@3villagecsd.k12.ny.us>
Subject: Gelinis Student [REDACTED] converting Religious to Medical Exemption

Hello Howard –

Please see attached.

Thank you

Anne Marie

This message is a Three Village Central School District Internal Email.

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Immunization/Division of Epidemiology

Immunization Requirements for School Attendance Medical Exemption Statement for Children 0-18 Years of Age

NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE

Instructions:

1. Complete information (name, DOB etc.).
2. Indicate which vaccine(s) the medical exemption is referring to.
3. Complete contraindication/precaution information.
4. Complete date exemption ends, if applicable.
5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

1. Patient's Name Abigail Ehrlich
 2. Patient's Date of Birth 08/11/05
 3. Patient's Address _____
 4. Name of Educational Institution _____

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>.

Please indicate which vaccine(s) the medical exemption is referring to:

- | | |
|---|---|
| <input type="checkbox"/> Haemophilus Influenzae type b (Hib) | <input type="checkbox"/> Measles, Mumps, and Rubella (MMR) |
| <input type="checkbox"/> Polio (IPV or OPV) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B (Hep B) | <input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV) |
| <input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, Idan) | <input checked="" type="checkbox"/> <u>* Menactra</u> |

Please describe the patient's contraindication(s)/precaution(s) here: Acute / Severe Lyme, Pertussis
Autoimmune Encephalitis. POTS dysautonomia.
mother had same administration of Menactra eventually
led to his death.
 Date exemption ends (if applicable) End High School

A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print) Laura Bennett MD NYS Medical License # 159939

Address _____

Signature [Signature] Northwell General Pediatrics at Islandia
 3001 Expressway Drive North, Suite 100
 Islandia, NY 11749 Telephone 8/29/19
 Phone: (631) 434-1770
 Fax: (631) 434-1254

For Institution Use ONLY: Medical Exemption Status ☐ Accepted ☐ Not Accepted Date: _____

Dx Letter

8/7/19, 12:22 PM



www.drohara.com

Nancy H. O'Hara & Associates, LLC
3 Hollyhock Lane
Wilton, CT 06897-4443
Tel: (203) 834-2813
Fax: (203) 834-2590

RE: ABIGAIL EHRLICH

DATE: 08/06/2019.

TO

RE:

Abigail Ehrlich
DOB - 01/13/2005
7 Daniel Way
East Setauket NY, 11733
Tel - (631) 831-5075

Tel -
Fax -

FROM: - Nancy O'Hara
Number of Pages: 1

Abigail Ehrlich is a patient of mine with chronic and severe Lyme, Bartonella and autoimmune encephalitis. As a result, she also has POTS/Dysautonomia, all of which increase symptoms of anxiety, cognitive and processing delays. She has been on antibiotics and multiple interventions to treat the above. Any further virus or other insults can exacerbate her autoimmune disease and symptoms. Please contact our office with questions.

MESSAGE:

Signed:

E-Sign id: 08.06.19 (#0003593-F88D)